|                                                                                                                                                                                                         | •                                              |                                           | A                                     | Application or Docket Number |                             |                  |       |                   |                        |    |                               |                        |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------|---------------------------------------|------------------------------|-----------------------------|------------------|-------|-------------------|------------------------|----|-------------------------------|------------------------|--|
| ,                                                                                                                                                                                                       | PATENT A                                       | RD                                        |                                       | 69833573                     |                             |                  |       |                   |                        |    |                               |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)                                                                                                                                                          |                                                |                                           |                                       |                              |                             |                  |       | SMALL ENTITY TYPE |                        |    | OTHER THAN<br>OR SMALL ENTITY |                        |  |
| TOTAL CLAIMS                                                                                                                                                                                            |                                                |                                           | 30                                    |                              |                             |                  | ſ     | RATE              | FEE                    |    | RATE                          | FEE                    |  |
| FOR                                                                                                                                                                                                     |                                                |                                           | NUMBER FLED                           |                              | NUMBER EXTRA                |                  | В     | ASIC FEE          | 355.00                 | OR | Basic Fee                     | 710.00                 |  |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                 |                                                |                                           | 20 minus 20=                          |                              | · 0                         |                  |       | X3 9=             |                        | ОЯ | X\$18=                        |                        |  |
| INDEPENDENT CLAIMS                                                                                                                                                                                      |                                                |                                           | 3 minus 3 *                           |                              | 0                           |                  |       | X40=              |                        | OR | X80=                          |                        |  |
| MU                                                                                                                                                                                                      | LTIPLE DEPEN                                   | DENT CLAIM P                              | RESENT                                |                              | -                           |                  |       | +135=             |                        | 28 | +270=                         |                        |  |
| . 11                                                                                                                                                                                                    | the difference                                 | in column 1 is                            | less than zero, enter "O" in column 2 |                              |                             |                  | Ļ     | TOTAL             |                        | OR | TOTAL                         | 710                    |  |
| CLAIMS AS AMENDED - PART II                                                                                                                                                                             |                                                |                                           |                                       |                              |                             |                  |       |                   |                        | •  | OTHER                         |                        |  |
| (Column 1) (Column 2) (Column 3)                                                                                                                                                                        |                                                |                                           |                                       |                              |                             |                  | . 1   | SMALL             | ENTITY                 | OR | SMALL                         |                        |  |
| AMENDWENT A                                                                                                                                                                                             |                                                | CLAIMS RÉMAINING AFTER AMENDMENT          |                                       | PREVI                        | IEST<br>BER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                         | Total                                          | . 20                                      | Minus                                 | . 2                          | 0                           | - Ø              |       | XS 9=             |                        | OR | XS18=                         | •                      |  |
|                                                                                                                                                                                                         | Independent                                    | • 3                                       | Minus                                 |                              | 3                           | - 0              |       | X40=              |                        | OR | X80=                          |                        |  |
| Ĺ                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                              |                             |                  |       | +1 <b>35</b> =    |                        | OR | +270=                         |                        |  |
| Glinia                                                                                                                                                                                                  |                                                |                                           |                                       |                              |                             |                  |       | TOTAL             |                        | OR | YOYAL                         |                        |  |
|                                                                                                                                                                                                         |                                                | <i>)</i>                                  | DOIT. FEE                             |                              | J - · ·                     | ADDIT. FEE       |       |                   |                        |    |                               |                        |  |
|                                                                                                                                                                                                         |                                                | (Column 1)<br>CLAIMS                      |                                       | ADDI-                        | 1                           |                  | ADDI- |                   |                        |    |                               |                        |  |
| AMENDMENT B                                                                                                                                                                                             |                                                | REMAINING<br>AFTER<br>AMENDMENT           |                                       | PREVI                        | BER<br>OUSLY<br>FOR         | PRESENT<br>EXTRA |       | RATE              | TIONAL<br>FEE          |    | RATE                          | TIONAL<br>FEE          |  |
|                                                                                                                                                                                                         | Total                                          | :20                                       | Minus                                 | عتا                          | ቻለ                          | <u> </u>         | ΙL    | X\$ 9=            |                        | OR | X\$18=                        |                        |  |
|                                                                                                                                                                                                         | Independent                                    | NTATION OF A                              | Minus                                 | ENDEN.                       | 5<br>ICIAIM                 | <u> -</u>        | ŀĿ    | X40=              |                        | OR | X80=                          |                        |  |
| L                                                                                                                                                                                                       | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                              |                             |                  |       | +135=             |                        | OR | +270=                         |                        |  |
|                                                                                                                                                                                                         | 3-13-06                                        |                                           |                                       |                              |                             |                  |       |                   |                        | OR | YOYAL<br>ADOIT, FEE           |                        |  |
| <u></u> .                                                                                                                                                                                               | . (Cotumn 1) (Cotumn 3)                        |                                           |                                       |                              |                             |                  |       |                   |                        |    |                               |                        |  |
| AMENDMENT C                                                                                                                                                                                             |                                                | CLAIMS<br>REMAINING<br>AFTER<br>AMENOMENT |                                       | PREVI                        | EST<br>BER<br>OUSLY<br>FOR  | PRESENT<br>EXTRA |       | RATE              | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|                                                                                                                                                                                                         | Total                                          | · 20                                      | Minus                                 | •                            | 20                          | -0               |       | XS 9=             |                        | OR | X\$18=                        | Ö                      |  |
|                                                                                                                                                                                                         | Independent                                    | • 3                                       | Minus                                 |                              | 3                           | - 0              |       | X40-              |                        | OR | X80=                          | 0                      |  |
|                                                                                                                                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                           |                                       |                              |                             |                  |       | +135=             | ·                      | OR | +270=                         | 0                      |  |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  If the "righest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT, FEE  OR  ADDIT, FEE |                                                |                                           |                                       |                              |                             |                  |       |                   |                        |    |                               | C                      |  |
|                                                                                                                                                                                                         |                                                | mber Proviously P.<br>Bar Previously Po   |                                       |                              |                             |                  | _     |                   | propriate box          |    |                               |                        |  |